

REMARKS

Applicants respectfully request further examination and reconsideration in view of the above amendments and the arguments set forth fully below. In the Office Action mailed September 7, 2007, Claims 1-3, 5-19 and 21-22 have been rejected. In response, the Applicants have submitted the following remarks and have amended claims 1 and 16. Accordingly, Claims 1-3, 5-19, and 21-22 are still pending. Favorable reconsideration is respectfully requested in view of the amended claims and the remarks below.

Examiner Interview

On Tuesday, February 5, 2008, the undersigned and Examiner Clement Graham conducted a telephone interview. During the interview the application of the prior art references Conway and Schneiderman to the independent claim 1 was discussed. While no specific agreement was reached regarding the allowability of the independent claim 1, the Examiners indicated that there may be aspects of the invention that are patentable over the prior art, and further suggested possible amendments to the independent claim 1. The amendments made above are made pursuant to the Examiner's comments and suggestions. The Applicants gratefully acknowledge the Examiner's time and attention during the telephone interview, and appreciate the same.

Rejections Under 35 USC §103

Claims 1-3, 5-9 and 21-22 have been rejected under 35 USC §103(a) as being unpatentable over U.S. Patent No. 5,732,401 to Conway (hereinafter Conway), in view of U.S. Patent No. 5,508,912 to Schneiderman (hereinafter Schneiderman). The applicants respectfully disagree with this rejection.

As discussed in a previous Office Action response, Conway teaches a system for tracking costs of medical procedures by monitoring the movements of personnel, supplies and equipment and processing data on these movements to produce detailed and accurate cost accounting records associated with particular services rendered (Conway, abstract).

By the above amendments, the Applicants have amended the independent claims 1 and 16 to clarify the type of hospital data collected by the system and the method of the present disclosure. Specifically, the system and method of the present disclosure collects a set of hospital data that includes a set of hospital statistics, a set of hospital factual information in a set of hospital macro data. The Applicants respectfully submit that these amendments do not constitute new matter, as these claims draw full support from the specification, pages 4-6. Furthermore, the Applicants respectfully submit that neither the Conway or Schneiderman reference teach such collection of hospital data, nor the remainder of the system and method as described and claimed in the present disclosure.

Within the Office Action, it is also stated that Conway fails to teach simulating the flow of patients through the hospital using the model wherein the simulating step utilizes the collected data and using the model and the result of the simulating steps to recommend hospital resources changes.

The Schneiderman reference teaches a computerized medical database system for the standardized recording and tracking of outpatient care by the simulation through existing software of multiple facets of a typical primary care clinical environment (Schneiderman, abstract) very much like the Conway reference, the Schniederman reference is merely a data recording system and method that focuses a clinical database for tracking primary care outcome of outpatients. Schneiderman does not teach utilizing a model based on collected data and hourly costs, and using the model and the results of the simulating steps to recommend hospital resources changes.

The independent claim 1 is directed toward a method of assessing patient flow through care units of a hospital using a computer having a microprocessor comprising: collecting a set of hospital data for each care unit of a hospital, the set of hospital data including: a set of hospital statistics, wherein the set of hospital statistics includes inventory of beds and monitored beds, average occupancy of each unit, average patient length of stay, number of health care personnel, health care personnel to patient ratio, patient acuity range, patient transports, admission sources and frequency, and discharge sources and frequency, and a set of hospital macro data, wherein the set of hospital macro

data includes average number of admissions, source of admissions, frequency of admittance, average number of discharges, frequency of discharge, average overall stay in hospital, average number of emergency department visits and percentage admitted, average occupancy and length of stay, and average cost per admission, assigning an hourly cost to each care unit per patient including costs associated with doctor time, nurse time, staffing, drugs, IV and equipment based upon the set of collected hospital data, building a model based upon the collected set of hospital data and the assigned hourly cost for each care per patient, wherein building a model includes building a multi-level model of the hospital care units, describing each unit in terms of numbers of monitored beds and other resources and average length of stay, and further describing each care unit by the percentage of patients going to other care units, simulating the flow of patients through the hospital using the model, wherein the simulating step utilizes the collected set of hospital data for each care unit per patient by, at an admission start, describing the number of patients to be admitted per unit time and the length of time to run the model, and recommending hospital resource changes using the model and the results of the simulating step. As described above, neither Conway, Schneiderman nor their combination teach the system and method as claimed in the present application. For at least these reasons, the independent claim 1 is allowable over the teachings of Conway, Schneiderman and their combination.

Claims 2-3 and 5-15 are dependent upon the independent Claim 1. As discussed above, the independent Claim 1 is allowable over the teachings of Conway, Schneiderman and their combination. Accordingly, Claims 2-3 and 5-15 are also allowable as being dependant upon an allowable base claim.

The independent claim 16 is directed to a computer system for modeling patient flow through care units of a hospital comprising: a collection module configured to accept a set of hospital data, the set of hospital data including a set of hospital statistics, wherein the set of hospital statistics includes inventory of beds and monitored beds, average occupancy of each unit, average patient length of stay, number of health care personnel,

health care personnel to patient ratio, patient acuity range, patient transports, admission sources and frequency, and discharge sources and frequency, and a set of hospital macro data wherein the set of hospital macro data includes average number of admissions, source of admissions, frequency of admittance, average number of discharges, frequency of discharge, average overall stay in hospital, average number of emergency department visits and percentage admitted, average occupancy and length of stay, and average cost per admission, an assignment module configured to assign an hourly cost to each unit per patient including costs associated with doctor time, nurse time, staffing, drugs, IV and equipment based upon the set of collected hospital data, a model module configured to build a model of the flow of patients through the hospital, the model based upon the set of collected hospital data and the assigned hourly cost for each care unit per patient, wherein building a model includes building a multi-level model of the hospital care units, describing each unit in terms of numbers of monitored beds and other resources and average length of stay, and further describing each care unit by the percentage of patients going to other care units, a simulation module configured to simulate the flow of patients through the hospital, wherein the simulation module utilizes the set of hospital data for each care unit per patient by, at an admission start, describing the number of patients to be admitted per unit time and the length of time to run the model, and a resource module configured to determine a resource utilization of the hospital by utilizing the model and the output of the simulation module. As described above, neither Conway, Schneiderman nor their combination teach the system and method as claimed in the present application. For at least these reasons, the independent claim 16 is allowable over the teachings of Conway, Schneiderman and their combination.

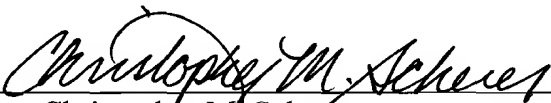
Claims 17 -19 and 21-22 depend upon the independent Claim 16. As described above, the independent Claim 16 is allowable over the teachings of Conway, Schneiderman and their combination. Accordingly, Claims 17-19 and 21-22 are also allowable as being dependent upon an allowable base claim.

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For these reasons, Applicants respectfully submit that all of the claims are now in a condition for allowance, and allowance at an early date would be appreciated. **Should the Examiner have any questions or comments, they are encouraged to call the undersigned at 414-271-7590 to discuss the same so that any outstanding issues can be expeditiously resolved.**

Respectfully submitted,

ANDRUS, SCEALES, STARKE & SAWALL, LLP

By 
Christopher M. Schefer
Reg. No. 50,655

Andrus, Scales, Starke & Sawall, LLP
100 East Wisconsin Avenue, Suite 1100
Milwaukee, Wisconsin 53202
Telephone: (414) 271-7590
Facsimile: (414) 271-5770